

**Office of Economic Opportunity
FY 2006 Emergency Shelter Grants (ESG) Program
MID-YEAR PERFORMANCE REPORT
(Please Type)**

REPORTING PERIOD: JULY 1, 2006 – December 31, 2006

EXHIBIT 1: GRANTEE INFORMATION

Organization Name:_____

Address:_____

Telephone:()_____FAX:()_____E-MAIL:_____

Organization Executive Director:_____

Organization Chairperson:_____

Facility Type (check the one most appropriate category):

_____24 Hour Shelter _____Domestic Violence _____Youth

_____DAY SHELTER _____Transitional _____Night Shelter

_____Inter-Faith Hospitality Network _____Other (specify)_____

Enter Shelter/Facility Name Below (if different from organization name):

Shelter Address (if different):_____

Telephone:()_____FAX:()_____E-MAIL:_____

Shelter/Facility Director:_____

Name and title of person who can answer questions regarding this report:

_____Telephone()_____

**I HEREBY CERTIFY THAT ALL THE INFORMATION STATED HEREIN IS TRUE AND ACCURATE TO
THE BEST OF MY KNOWLEDGE:**

Signature of organization's chairperson or executive director

Title

Date

EXHIBIT 2: PERSONS SERVED DURING THE REPORTING PERIOD
Do not count an individual more than once

- A. **Average daily occupancy of Shelter/Facility:** A _____
- B. **Number of single individuals NOT in families served:**
 Adults (18+) _____ Children(0-17) _____ **Total B** _____
- C. **Number of Families Served:** C _____
 Adults (18+) _____ Children(0-17) _____ **Total C** _____
- D. **Number of Persons in Families Served:**
 Adults (18+) _____ Children(0-17) _____ **Total D** _____
- E. **Total number of unduplicated persons served during the reporting period: (2B + 2D)** E _____
- F. Of those single individuals and family members (including children) served, please identify the primary reason for their homelessness and/or need for services as identified by the person served or by your shelter staff. The primary cause of a child's homelessness should be the same as the child's parent(s). In cases where more than one response may apply, choose the one that **MOST closely characterized** the situation. **NOTE: The total of categories below should equal the total reported under 'E.'**

<u>Category</u>	<u>No. of Persons</u>	<u>Category</u>	<u>No. of Persons</u>
Chronically Homeless _____		Mentally Ill _____	
Substance Abuse _____		Disability _____	
Veterans _____		Persons w/HIV/AIDS _____	
Elderly _____		Eviction _____	
Underemployment _____		Unemployment _____	
Child Abuse/Neglect _____		Transient _____	
Release from Prison _____		Runaway _____	
Victims of Domestic Violence _____		Natural Disaster (fire, flood, hurricane) _____	
Total _____			
(must equal total reported under item 2E)			

EXHIBIT 3: AGE AND GENDER OF PERSONS SERVED

Answer Part (i) for single individuals **NOT** in families (see 2B) and Part (ii) for family members (see 2D). **Totals for Part (3i) should equal total reported under 2B. Totals for Part (3ii) should equal total reported under 2D.**

	<u>AGE and GENDER</u>		<u>MALE</u>	<u>FEMALE</u>
(i)	<u>Single Individuals NOT in Families</u>			
	a. 17 & Under		_____	_____
	b. 18 - 30		_____	_____
	c. 31 - 55		_____	_____
	d. 55 & over		_____	_____
	TOTAL SINGLE INDIVIDUALS _____	TOTAL	_____	TOTAL _____
(ii)	<u>Adults in Families</u>			
	e. 18 - 30		_____	_____
	f. 31 - 55		_____	_____
	g. 55 - over		_____	_____
	TOTAL ADULTS IN FAMILIES _____	TOTAL	_____	TOTAL _____
(iii)	<u>Children in Families</u>			
	h. Under 1		_____	_____
	i. 1 - 5		_____	_____
	j. 6 - 12		_____	_____
	k. 13 - 17		_____	_____
	TOTAL CHILDREN IN FAMILIES _____	TOTAL	_____	TOTAL _____

EXHIBIT 4: VETERAN STATUS OF PERSONS SERVED

Of the total number of unduplicated persons served during the reporting period (see 2E), how many were veterans? **Please note a veteran is anyone who has ever been on active military duty status.**

	<u>Age</u>	<u>Male</u>	<u>Female</u>
Total Veterans Served	18 – 30	_____	_____
	31 – 55	_____	_____
	55 +	_____	_____
	Total	_____	_____

EXHIBIT 5: RACIAL/ETHNIC CHARACTERISTICS OF PERSONS SERVED

_____ White	_____ White Hispanic
_____ Black/African American	_____ Black/African American Hispanic
_____ Asian	_____ American Indian/Alaskan Native
_____ Native Hawaiian/Pacific Islander	_____ American Indian/Alaskan Native & White
_____ Other Multi-Racial	_____ Unknown

_____ **TOTAL**
Total number served must equal total reported under Item E, Exhibit 2.

EXHIBIT 6: PROGRAM ACCOMPLISHMENTS

Briefly describe the eligible activities undertaken with ESG funds during the reporting period.

A. OPERATIONS

General Operations Costs (check the categories for which ESG funds were used.)

_____ Salaries/Fringe Benefits (Administrative Costs)

_____ Communications

_____ Travel

_____ Space Cost

_____ Supplies/Materials

_____ Equipment

_____ Contractual

_____ Other (specify) _____

	Total Amount Award	Total Amount Obligated (as of 12-31-06)	Difference
Administrative Costs Under Operations	\$ _____	\$ _____	\$ _____
Other Operation Costs	\$ _____	\$ _____	\$ _____
TOTAL OPERATIONS	\$ _____	\$ _____	\$ _____

B. SERVICES If ESG funding for Services was received, indicate the **amount of increase** in the number of persons served in each applicable category as a result of the utilization of ESG funds.

Employment Services Increased by _____ Persons

Health Services Increased by _____ Persons

Substance Abuse Services Increased by _____ Persons

Education Services Increased by _____ Persons

Housing Referral Services Increased by _____ Persons

Nutritional Counseling Increased by _____ Persons

\$ _____	\$ _____	\$ _____
Amount Awarded for Services	Amount obligated as of 12-31-06	Difference

